

Form CPF M 102: Campaign Finance Report Municipal Form: Office of Campaign and Political Finance

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rith:				2009 M/	WH 13 P 2: 14
or Town Clerk or Election Commission P	lease print or type a	ıll informatior	i, except signatur	es. Rí	OSTON, MA
Fill in dates: Month Reporting Period Beginning 1	Date	Year 2008	Mon Ending	h Date	Year 2008
Sype of report: (Check one) Sth day preceding preliminary	8th day preceding o	election 🗆	0 day after electi	on Øyear-er	nd report dissolution
Full Name of Candidate (if City Cancel Dist. Office Sought and Dist. 172 Chicar cle Prog. Residential Addre	f strict	An.	Name of Co Dustin St	A Rose + mittee Name alen mmittee Treass	urer
Line 1: Ending I Line 2: Total re- Line 3: Subtotal Line 4: Total ex Line 5: Ending Line 6: Total in- Line 7: Total (all Line 8: Name of	ceipts this per (line 1 plus line 2) penditures this balance (line 3 recind contribution) outstanding 1	riod (page 2, is period (ninus line 4) ons this period (abilities (page 3, line 14)		Doube
Affidavit of Committee Treasurer: I certify that I have examined this report inclufinance activity, including all contributions, to campaign finance activity of all persons acting Treasurer's signature (in ink)	ans, receipts, expenditures under the authority or on Signed under	s, disbursements, u behalf of this con r the penalties of	n-kind controlutions at umittee in accordance perjury:	2/25/C	nts of M.G.L. c. 55.
FOR CAN	DIDATE FILI	NGS ONLY	(CANDIDATE M	UST SIGN BELO	OW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activ I certify that I have examined this report inclusions, incurred any liabilities nor mad Candidate without Committee OR Can I certify that I have examined this report inclusions incurred any liabilities nor mad certify that I have examined this report including contributions, load campaign finance activity of all persons actin	ity independent of the c dding attached schedules a no authority or on behalf of the any expenditures on my didate with independent ading attached schedules	of this committee behalf during this activity filling se and it is, to the behalf during this activity filling se and it is, to the behalf during this in the behalf during the interest of the second district the second dis second district the second district the second district the sec	reporting period. parate report st of my knowledge an	d belief, a true and	complete statement of all cars

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only liemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received			Occupation & Employer (for contributions of \$200 or more)		
		•			
Line 9:	Total receipts in excess of \$50 (or listed above)				
Line 10:	Total receipts \$50 and under* (not listed above) TOTAL RECEIPTS IN THE PERIOD		Enter on page 1, line 2		

[•] If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

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SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
والرياديات إرا والمصادرة وليها				
			Expenditures over \$50	
			Expenditures \$50 and under* 4:TOTAL EXPENDITURES	

*If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not Page 3 itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
nger onge trops				
			In-kind over \$50 In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	P

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9/57	3Twins Printing		hally Towels	1,200
1001	Rosie Hanlan	172. Consurer Rd. Brighter 44 Murdole St.	Caupaign Expenses	1,500
9/51	Mark Hanley	44 Murdock St. Briggton	Campaign Mourager	3,000
also	Catherine Greene	Amedrung	St. Caupaing Adusor	(,000
		, , , , ,		
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	4.700

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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